

NOTICE OF PROPOSED CHANGES TO THE MEDICAID
STATE PLAN GOVERNING PAYMENT RATES FOR
PROVIDER-PREVENTABLE CONDITIONS

The State Department of Social Services (DSS) proposes to amend the Medicaid state plan in order to comply with requirements in Section 2702 of the Patient Protection and Affordable Care Act (PPACA – P.L. 111-148) related to provider-preventable conditions.

Changes to Medicaid State Plan

Under proposed State Plan Amendment No. 11-033, the Department will amend the state plan on or before September 30, 2011 to prohibit payment to physicians, advanced practice registered nurses, physicians assistants, clinics, and hospital outpatient departments for the following preventable procedures/conditions: wrong surgery or other invasive procedure on a patient; surgery or other invasive procedures on the wrong patient, and surgery or other invasive procedure performed on the wrong body part. The Department anticipates that this prohibition will take effect on or after March 1, 2012.

Fiscal Information

This change is expected to have a minimal fiscal impact on the state in FFYs 12 and 13.

Additional Information

DSS will provide upon request a copy of the proposed amendment to the Medicaid State Plan. Copies of the proposed changes may be obtained at each of the DSS's regional offices and on the DSS web site: www.dss.state.ct.us. Go to "Publications" and then to "News and Updates". Comments may be sent to Barbara Fletcher, Supervisor, Medical Policy Unit, Medical Care Administration, Department of Social Services, 25 Sigourney Street, Hartford, CT 06106-5033 (Phone 860-424-5136, Fax 860-424-5799, barbara.fletcher@ct.gov). Please send all comments no later than October 11, 2011.

State: CONNECTICUT

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19 (A), as more fully described on Attachment 4.19-A, page 1(ii) and Attachment 3.1-B, Addendum Page 1.b and 4

 X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section(s) 4.19(B) (4.19B services: clinics, hospital outpatient, physicians, nurse-practitioners, and nurse-midwives).

 X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

 Additional Other Provider-Preventable Conditions identified below:

TN #: 11-33
Supersedes
TN #: NEW

Approval Date: _____

Effective Date 3/1/12